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UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazuhiro IWABUCHI et al.

Serial No: 09/768,712

Confirmation No.: 3683

Filed: January 24, 2001

For: Portable Radio Communication Apparatus

Art Unit: 2686

Examiner: Mehrpour, Naghmeh

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
December 21, 2004
Date of Deposit
Joyce Hegeman
Name
December 21, 2004
Date
Signature

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application is the following items.

- ☒ Amendment
☒ Petition For Extension of Time 1-month
☒ Return postcard

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|--|---|---|---|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE | 8 | - | 20 ** | 0 | LG=\$50 SM=\$25 | \$0 |
| INDEPENDENT CLAIMS FEE | 2 | - | 3 *** | 5 | LG=\$200 SM=\$100 | \$0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 | \$0 |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) | | | | | \$250 FOR EACH ADDITIONAL 50 SHEETS | \$0 |
| TOTAL | | | | | | \$0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$120 for 1-month Extension of Time and any credit or any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

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Date: December 21, 2004

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